PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

121826

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY			
то	TAL CLAIMS		15		State of grant and a second se		ſ	RATE	FEE		RATE	FEE	
			7			ED EVIDA		BASIC FEE	375.00		BASIC FEE		
FOR			NUMBER FILED		NUMBER EXTRA		ı	BASIC FEE	373.00	OR	DASIO I EL	730.00	
TOTAL CHARGEABLE CLAIMS			/ 9 minus 20=		* * * * * * * * * * * * * * * * * * *			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			<i>j</i> minus 3 =		* 6			X42=		OR	X84=		
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=		
* If the difference in column 1 is less than zero, enter					"0" in c	olumn 2	J	TOTAL		OR	TOTAL	750.	
CLAIMS AS AMENDED - PART II								•			OTHER	THAN	
(Column 1)			(Colum					SMALLE	NTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X42=		OR	X84=		
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDEN	CLAIM			+140=		OR	+280=		
							1	TOTAL			TOTAL		
		•	ADDIT. FEE		10	ADDIT. FEE	L						
Γ.		(Column 1) CLAIMS		(Colu	IEST	(Column 3)	۱ ا		ADDI-			ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVI	IBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	***		=		X42=		OR	X84=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							1.10	-,		000	-	
								+140=		OR	+280=		
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)			mn 2)	(Column 3)	•						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	: ·	NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X42=		OR	X84=		
<u> </u>	FIRST PRESE	NTATION OF M	ULTIPLE DEI	LTIPLE DEPENDENT		CLAIM							
A Million and the control of the con										OR	+280=		
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL ADDIT. FEE												
	The "Highest Nur	nber Previously Pa	aid For" (Total o	r Independ	dent) is the	e highest numbe	er fo	und in the app	oropriate bo	x in co	olumn 1.		